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FACSIMILE COVER LETTER

To: Central Fax Center
Firm: U.S. Patent and Trademark Office
Facsimile No.: 571-273-8300
From: William S. Frommer
Date: June 2, 2006
Re: Serial No. 09/830,858
Attorney Docket 450101-02921
No. of Pages: 17
(Including cover page)

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CENTRAL FAX CENTERJUN 02 2006 PATENT
450101-02921IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Tetsujiro KONDO et al.
 Serial No. : 09/830,858
 For : SIGNAL PROCESSING METHOD AND APPARATUS AND RECORDING MEDIUM
 Filed : May 1, 2001
 Examiner : Yogesh K. Aggarwal
 Art Unit : 2622

745 Fifth Avenue
 New York, NY 10151
 Tel: 212-588-0800

Mail Stop Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.
☐ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

| (1) | (2) Claims remaining after amendment | (3) | (4) Highest number previously paid for | (5) Present extra | (6) Rate | (7) Additional Fee |
|---|--|-------|--|----------------------|-------------|--------------------------|
| Total claims | 44 | Minus | ** = 84 | *0x | \$50 (25) | = \$0 |
| Independent claims | 13 | Minus | *** = 24 | *0x | \$200 (100) | = \$0 |
| Total additional fee for this amendment | | | | | | \$0 |

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
 ** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
 *** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$360(180) has been previously paid ☐, or is paid herewith ☐.
- ☐ This response is being filed within the ___ month following the expiration of the term originally set therefor. This is a petition to request a ___ month extension of time. A check covering the cost of the petition is enclosed.
- ☐ A check in the amount of \$ ___ is attached, which covers the cost of ☐ additional claims ___ petition for extension of time.
- ☐ Charge \$ ___ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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Barnet Shindler
 Type or print name of
 Person signing Certification

Barnet Shindler
 Signature

June 2, 2006
 Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
 Attorneys for Applicants

By: William S. Frommer
 William S. Frommer
 Reg. No. 25,506
 Tel: 212-588-0800

00375957

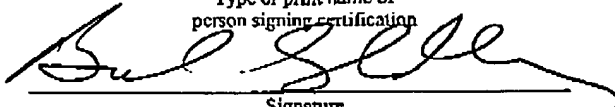
PATENT
450101-02921**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**RECEIVED
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745 Fifth Avenue
New York, NY 10151**FACSIMILE**

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person signing certificationSignature
June 2, 2006

Date of Signature

**RESPONSE TO REQUIREMENT FOR
ELECTION OF SPECIES**

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated May 16, 2005, please amend the above-identified
application as follows: